



Notification of Corporate QRA Decision on New Account

TO: CCDB Team & Sales

FROM: Cardinal Health Corporate QRA Team

Date:

Customer Segment

Facility Name

Sub Segment

DBA (if applicable)

Group

Street Address

City

State

Zip

DEA

Person

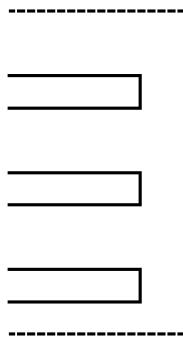
Department

After review of the New Account Questionnaire, the Verification form and documents developed, no information was discovered that would at this time disqualify the applicant to be able to open an account to purchase from Cardinal Health.

This applicant may not be opened as a New Account with Cardinal or any affiliated entity.

Notes

PLAINTIFFS TRIAL
EXHIBIT
P-42110_00001



mation was provided or
Cardinal Health.





RIVER PARK HOSPITAL - HUNTINGTON, WV

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Healthcare Job Listings

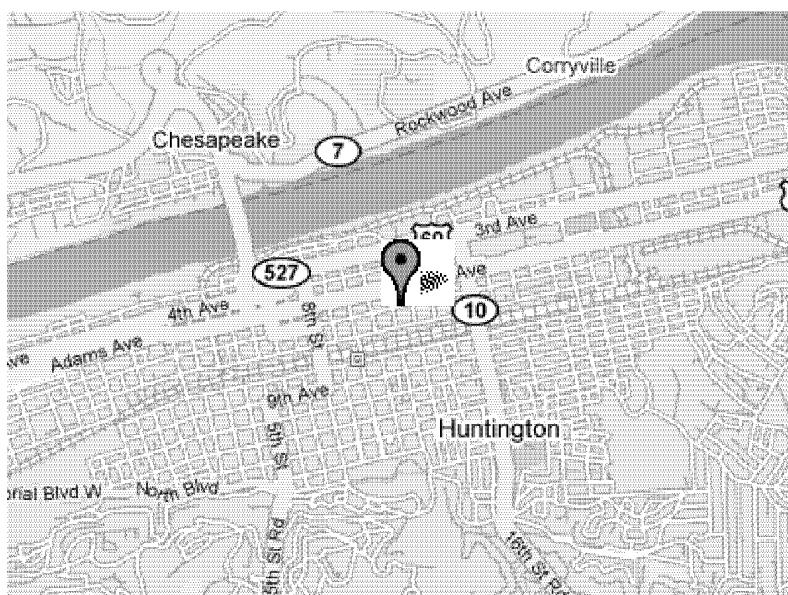
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Institution representatives - add corrected or new information about RIVER PARK
[HOSPITAL »](#)

RIVER PARK HOSPITAL
1230 SIXTH AVENUE
HUNTINGTON, WV 25701

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Tele-Pharmacy - Hospital
Night Svcs. 24 hour
hospital pharmacy
coverage
epharmpro-inc.com

Services provided by RIVER PARK HOSPITAL:

Beds - Total (*Total number of beds in a facility, including those in non-Participating or non-licensed areas*)
165

Beds - Total certified (*Number of beds in Medicare and/or Medicaid certified areas within a facility*): **16**

Change of ownership counter (*The number of times a change of ownership (chow) has taken place for a particular provider*): **1**

Change of ownership date (*Effective date of a change of ownership*): **Oct 2000**

Accreditation effective date (*The effective date of the current period of accreditation by the joint commission on accreditation of health care organizations (jcaho) or the american osteopathic association (ao* **Oct 1999**

Accreditation expiration date (*The expiration date of the current period of accreditation by the joint committee on accreditation of health care organizations (jcaho) or the american osteopathic association (aoa)* **Oct 2002**

Accreditation indicator (*Indicates the organization that is responsible for the accreditation of the provider* **JCAHO**

Current survey ever accredited (*Indicates if this provider was an accredited hospital anytime during the current survey*): **Yes**

Current survey ever non-Accred (*Indicates if this provider was a non-Accredited hospital anytime during the current survey*): **No**

Current survey ever swingbed (*Indicates if this provider was a swingbed hospital anytime during the current survey*): **No**

Dieticians (*Number of full-time equivalent dieticians employed by a facility*): **2**

Licensed pract/vocat nurses (*Number of full-time equivalent licensed practical or vocational nurses employed by a facility*): **15**

Medical school affiliation (*The type of affiliation that a hospital may have with a medical school*): **NO AFFILIATION**

Participating code (y,n) (*This code indicates whether a provider is participating in the Medicaid or Medicare program*): **Yes**

Program participation (*Indicates if the provider participates in Medicare, Medicaid, or both programs*): **MEDICARE AND MEDICAID**

Regional override #2 (staffing) (*This field is set to "y" when the regional office has to ok a pending record in the special fields screen. this field only applies to categories in the odie data entry system*): **Yes**

Registered nurses (*The number of full-time equivalent registered professional nurses employed by a provider*): **49**

Registered pharmacists (*The number of full-time equivalent registered pharmacists employed by a provider*): **1**

Resident program approved by ada (*Indicates if the resident program at a hospital is approved by the american dental association*): **No**

Resident program approved by ama (*Indicates if the resident program at a hospital is approved by the american medical association*): **No**

Resident program approved by aoa (*Indicates if the resident program at a hospital is approved by the american osteopathic association*): **No**

Resident program approved by other (*Indicates if the resident program at a hospital is approved by other professional organizations*): **No**

Srv: alcohol and/or drug (*Indicates how alcohol and/or drug services are provided by a hospital*):
PROVIDED BY STAFF

Srv: anesthesia (*Indicates how anesthesia services are provided by a hospital*): **PROVIDED UNDE ARRANGEMENT**

Srv: dietary (*Indicates how dietary services are provided*): **PROVIDED BY STAFF**

Srv: laboratory (clinical) (*Indicates how clinical laboratory services are provided in a hospital*):
PROVIDED UNDER ARRANGEMENT

Srv: pharmacy (*Indicates how pharmacy services are provided*): **PROVIDED BY STAFF**

Srv: physical therapy (*Indicates how physical therapy services are provided*): **PROVIDED UNDEF ARRANGEMENT**

Srv: psychiatric (*Indicates how psychiatric services are provided by a hospital*): **PROVIDED BY STAFF**

Srv: radiology (diagnostic) (*Indicates how diagnostic radiology services are provided by a hospital*):
PROVIDED UNDER ARRANGEMENT

Srv: social (*Indicates how social services are provided*): **PROVIDED BY STAFF**

Srv: speech pathology (*Indicates how speech pathology services are provided*): **PROVIDED UNDER ARRANGEMENT**

Swing bed indicator (*Indicates if a hospital provides swing bed services - Beds can be used for either hospital or long term care services*): **No**

Type of facility (*Indicates the category which represents the type of facility*): **PSYCHIATRIC**

Medical social workers (*Number of full-time equivalent medical social workers employed by a hospital or hospice*): **4**

Compliance: status (*Indicates if a provider or supplier is in compliance with program requirements*): **IN COMPLIANCE**

Eligibility code (*Indicates if a facility is eligible to participate in the Medicare and/or Medicaid programs*):
ELIGIBLE TO PARTICIPATE

Participation date (*The date a facility is first approved to provide Medicare and/or Medicaid services*): **Feb 1990**

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Howenstein, Kim

From: Morse, Sherry
Sent: Friday, March 13, 2009 11:31 AM
To: GMB-QRA-AD-Hospitals
Subject: Response for SCS-P Hospitals & Surgery Centers

E-mail notification for survey response
Survey Title: SCS-P Hospitals & Surgery Centers Respondent Unique Key:
INQ-20090313094542-1640871067 Response Date: Fri, Mar 13, 2009 10:30:47

Page 1

1. Are you a current or new customer?
{Choose one}
() Current
(*) New

Sales Consultant visiting new customer:
{Enter text answer}
[Scott Lively]

Visit date:
{Enter text answer}
[3/13/09]

Name:
{Enter text answer}
[Regina Evans]

Title:
{Enter text answer}
[Director of Pharmacy]

3. Hospital/Surgery Center's Name:
{Enter text answer}
[HHC River Park , INC DBA River Park Hospital]

Address:
{Enter text answer}
[1230 Sixth Avenue, Huntington, WV 25701]

Phone number(s):
{Enter text answer}
[304-526-9160]

Website:
{Enter text answer}
[www.riverparkhospital.net]

Fax:
{Enter text answer}
[304-526-9168]

4. Primary DEA #:
{Enter text answer}
[BH9558771]

5. Is the facility name different than the corporate name?
{Choose one}
(*) Yes
() No

6. Has the pharmacy ever operated under a different name?

{Choose one}

() Yes

(*) No

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8. Ownership type:

{Choose one}

() Sole proprietor

() Non-Profit corporation

(*) For-Profit corporation

() Partnership

() Other []

Please indicate state of incorporation:

{Enter text answer}

[WV]

Name 1:

{Enter text answer}

[Pat Burrows]

Title 1:

{Enter text answer}

[CEO]

Name 2:

{Enter text answer}

[Steve Kuhn]

Title 2:

{Enter text answer}

[CFO]

Title 3:

{Enter text answer}

[Administrative Secretary]

Name 3:

{Enter text answer}

[Missy Browning]

Title 4:

{Enter text answer}

[DOP]

Name 4:

{Enter text answer}

[Regina Evans]

10. List (or provide an electronic file to QRAHospitals@cardinalhealth.com) of all names, addresses, and DEA numbers for those pharmacies/entities (that receive drugs) operated by the Hospital/Surgery Centers.

{Enter answer in paragraph form}

[BH9558771]

7. Is your hospital a member of a GPO?

{Choose one}

(*) Yes

() No

Name of group/organization:

{Enter text answer}

[HPG]

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1. Have any of the DEA registrants (pharmacies, physicians, dentists, etc.) associated with the Hospitals/Surgery Centers and acquiring drugs based on their DEA license ever had a DEA registration, state permit (pharmacy), or state controlled substance permit suspended, revoked or disciplined?
{Choose one}
() Yes
(*) No

2. Have any of the Pharmacists-in-Charge (PIC) working in your pharmacies ever had his/her license(s) suspended, revoked or disciplined?
{Choose one}
() Yes
(*) No

Cardinal Health

{Choose one}
(*) Primary
() Secondary
() Tertiary

Other:

{Choose one}
() Primary
() Secondary
() Tertiary

Other 1

{Enter text answer}
[]

Other:

{Choose one}
() Primary
() Secondary
() Tertiary

Other 2

{Enter text answer}
[]

2. Does your organization purchase any controlled substances directly from manufacturers?

{Choose one}
(*) Yes
() No

3. Approximately what percent of controlled substances are purchased from Cardinal Health?

{Enter text answer}
[100%]

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4. Does your organization fill new prescriptions or sell pharmaceuticals via the internet?
{Choose one}
() Yes
(*) No

5. Is the pharmacy department managed by an outside organization? (i.e., Cardinal, McKesson, or other provider)
{Choose one}
(*) Yes
() No

Management group name:

{Enter text answer}
[PharmaSource]

Role of provider:
{Choose one}
(*) Management only
() Management & Staff
() Staff only

Inpatient patient orders
{Enter text answer}
[100]

Outpatient patient orders (not employee)
{Enter text answer}
[0]

Employee prescriptions
{Enter text answer}
[0]

Other:
{Enter text answer}
[0]

7. Do you do any cash transactions outside of the patient bill?
{Choose one}
() Yes
(*) No

% Other
{Enter text answer}
[n/a]

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1. What products do the pharmacies in the Hospitals/Surgery-Centers expect to purchase from Cardinal Health? Please indicate what percentages of these products are injectable controlled substances orders. (check all that apply)?
{Choose all that apply}
(*) OTC
(*) Prescription
(*) Controlled Substances
(*) List 1 Chemicals (i.e., PSE)
() Other []

% injectables
{Enter text answer}
[10]

% of non-injectables
{Enter text answer}
[90]

1.
{Enter text answer}
[Lorazepam]

2.
{Enter text answer}
[Concerta]

3.
{Enter text answer}
[Darvon]

4.

{Enter text answer}
[Alprazolam]

5.

{Enter text answer}
[Methylphenidate]

3. Do you order any of these products? (Check all that apply)

{Choose all that apply}

- (*) Hydrocodone
- (*) Alprazolam
- (*) Oxycodone
- () None of these

If so, what is the approximate combined percentage of these products compared to your total controlled drug usage/month?

{Choose one}

- (*) 0-25% of total
- () 26-50% of total
- () 51-75% of total
- () 76-100% of total

Hydrocodone units

{Enter text answer}
[700]

Alprazolam units

{Enter text answer}
[600]

Oxycodone units

{Enter text answer}
[700]

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Average daily census (ADC)

{Enter text answer}
[90]

Average surgery case load/month

{Enter text answer}
[n/a]

6. Do you provide any of these specialty services?

{Choose all that apply}

- () Oncology
- () Hospice
- () Pain Management Clinic
- (*) Other (please specify): [No other services provided]

7. Do you anticipate an increase or decrease in utilization or change in specialized services offered?

{Choose one}

- (*) Yes
- () No

Type of service added/changed:

{Enter text answer}
[Additional Patient Load with increase to ADC of 20 patients]

Approximate date of change:

{Enter text answer}
[August 2009]

8. What is the usual procurement pattern for controlled substances?

{Choose one}
(*) Daily as needed
() Weekly as needed
() Monthly as needed

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2. Controlled Substance Usage Analysis - How often does your facility review controlled drug usage reports?

{Choose one}
(*) Daily
() Weekly
() Monthly
() Other []

3. Systems--Please describe systems that support order management, inventory control, and any other system that controls/monitors/tracks usage and supply chain.

{Choose one}
() Controlled Inventory Management system (Pyxis CII Safe or other management system)
() Manual system with routine audits
(*) Other (please describe): [Med-Dispence]

5. Additional organizational contact information if different from above (please indicate preferred type of communication)

{Choose one}
() Fax #:
() Email:
(*) Phone #:

Fax #:
{Enter text answer}
[304-526-9168]

Email:
{Enter text answer}
[regina.evans@rx.omnicare.com]

Phone #:
{Enter text answer}
[304-526-9160]

1. Please fax or email a copy of your controlled substance management policies to: 614-553-5667 or toll free fax: 866-344-8878 or email: QRAHospitals@cardinalhealth.com. Or describe in detail below:
{Enter answer in paragraph form}
[N/A]

Contact's Name:
{Enter text answer}
[Regina Evans]

Contact's Phone:
{Enter text answer}
[304-526-9160]

Contact's Title:
{Enter text answer}
[Director of Pharmacy]

Contact's Email:
{Enter text answer}
[regina.evans@rx.omnicare.com]

Nelson, Deidre

From: Morse, Sherry
Sent: Friday, March 13, 2009 11:36 AM
To: GMB-QRA-ComplianceAgreement
Subject: Response for Compliance Agreement

E-mail notification for survey response
Survey Title: Compliance Agreement
Respondent Unique Key: INQ-20090313103047-186737524 Response Date: Fri, Mar 13, 2009 10:36:15

Page 1

(Customer Name)
{Enter text answer}
[River Park Hospital]

[*]
By submitting this form with this box checked, I am certifying that the above is agreed to by a duly authorized officer, partner, or principal of Customer.
{Choose if appropriate}

DEA Number of Customer:
{Enter text answer}
[BH9558771]

Full Name of Person Completing Form:
{Enter text answer}
[Regina Evans]

Title of Person Completing Form:
{Enter text answer}
[Director of Pharmacy]



Current Date: 3/13/2009

Data File Release Date: 03/02/2009

Drug Enforcement Administration (DEA) Datafiles -Both

Registrant Profile

for

HHC RIVER PARK, INC, DBA RIVER PARK HOSP

Address:

1230 SIXTH AVENUE

HUNTINGTON

State / Zip: WV 25701

DEA Number: BH9558771

Business Activity Code: B

Business Activity Sub Code: 0

Drug Schedule: 22N 33N 4 5

Expiration Date: 10/31/2011

Payment Indicator: P





Business Details

License Number	IP0553063
Business Type	In-Patient Hospital Pharmacy
Business Name	HHC River Park, Inc.
Address1	d/b/a River Park Hospital
Address2	1230 Sixth Avenue
City	Huntington
State	WV
Zip Code	25719
County	Cabell
Phone	
Responsible Person Name (Pharmacist In Charge)	Regina F. Evans
Date Issued	
Expiration Date	06/30/2009
Status	Active
Disciplinary Action	No

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This data is an accurate representation of information currently maintained by the West Virginia Board of Pharmacy as of March 04, 2009.



Individual Details

License Number	RP0006829
License Type	Registered Pharmacist
Name	Evans, Regina F.
State of Current Residence	KY
Date Issued	10/11/2005
Expiration Date	06/30/2009
License Status	Active
Disciplinary Action	No

[Another Query](#)

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This data is an accurate representation of information currently maintained by the West Virginia Board of Pharmacy as of March 04, 2009.